

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32508

State File No.

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>576</u> | | PRIMARY REG. DIST. NO. <u>4080</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Norborne</u> | | c. LENGTH OF STAY (in this place) <u>20 year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u> | | d. STREET ADDRESS (If rural, give location) <u>223. East 5th. Street.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223. East 5th. Street.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>223. East 5th. Street.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Sam.</u> | | b. (Middle) <u>Allen</u> | | c. (Last) <u>Wagaman.</u> | |
| 4. DATE OF DEATH | | (Month) <u>October</u> | | (Day) <u>15</u> | | (Year) <u>1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Sept. 5, 1879.</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months <u></u> Days <u></u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Work On Fathers Farm.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Calvin Wagaman.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Powell</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Wagaman Norborne Mo</u> | | ADDRESS <u>Norborne Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> | | DUPLICATE OF (a) | | | | <u>12 hrs</u> | |
| ANTECEDENT CAUSES | | DUPLICATE OF (b) | | | | <u>2 yrs</u> | |
| DUPLICATE OF (c) | | <u>Aortic Stenosis</u> | | | | <u>6 yrs +</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | <u>4211</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from <u>6-1</u> , 1954, to <u>10-15</u> , 1955, that I last saw the deceased alive on <u>10-15</u> , 1955, and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William S Everett DO</u> | | 23b. ADDRESS <u>8 N Folger Carrollton Mo</u> | | 23c. DATE SIGNED <u>10-18-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/19/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Norborne. Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct-19-1955</u> | | REGISTRAR'S SIGNATURE <u>Eileen Penniston</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Ditch Jr</u> | | ADDRESS <u>Norborne, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Deitch Jr.

Licensed Embalmer No. 4792

P. O. Address Norborne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.